

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-029025

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED AUG - 6 1962

Primary Registration District

1003

Registrar's No.

7501

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

10/2/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

18 Part 2 Rheumatic Heart disease

ITEM NO. SHOULD READ

BY AFFIDAVIT OF Attendant

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BUSCH BREWERY		d. STREET ADDRESS (If outside, give location) 8106² SO. BROADWAY	
3. NAME OF DECEASED (Type or print) First Middle Last EVERETT F O'REILLY		4. DATE OF DEATH Month Day Year JULY 29 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH DEC. 1 1916
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEER BOTTLER BUSCH BREWERY		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	
13a. FATHER'S NAME JOHN F O'REILLY		13b. MOTHER'S MAIDEN NAME MARY STEVENS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR 2		17. INFORMANT DOROTHY O'REILLY	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) 420.0		12. CITIZEN OF WHAT COUNTRY U-S-A	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Rheumatic Heart Disease		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 7-20-62 to 7-29-62 and last saw him alive on 7-28-62 Death occurred at 5 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Raymond M. L. L. M.D.		22b. ADDRESS 5203 Cherokee	
22c. DATE SIGNED 7-29-62		23. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS MO.	
24. FUNERAL DIRECTOR Thomas Kutis 2906 Gravois		25. DATE RECD. BY LOCAL REG. JUL 31 1962	
26. REGISTRAR'S SIGNATURE Roan Smith, M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

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Signed: [Signature]

P. O. Address 2906 Lakeside

If this body is not embalmed, fact should be so stated above.